

Please type a plus sign (+) inside this box → +

PTO/SB/82 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/921,365
Filing Date	August 2, 2001
First Named Inventor	Joseph A. Sniadach
Group Art Unit	3761
Examiner Name	Not Known
Attorney Docket Number	21242-PA

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application to:

Customer Number



Place Customer
Number Bar Code
Label here

OR

**Firm or
Individual Name**

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature of Applicant or Assignee of Record

Name **JOSEPH A. SNIADACH**

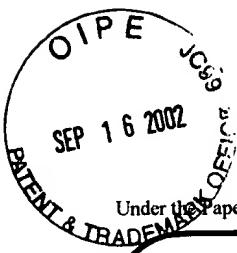
Signature

Date

NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

* Total of 1 forms are submitted.

RECEIVED
SEP 18 2002
TECHNOLOGY CENTER R3700

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/921,365
Filing Date	August 2, 2001
First Named Inventor	Joseph A. Sniadach
Title:	DOUBLE BARREL VENTILATION MASK FOR A PATIENT
Group Art Unit	3761
Examiner Name	Not Known
Attorney Docket Number	21242-PA

RECEIVED

I hereby appoint:

 Practitioners at Customer Number → Place Customer Number
Bar Code Label here

OR

 Practitioner(s) named below:

TECHNOLOGY CENTER R3700

Name	Registration Number
J. Bruce Hoofnagle	20,973

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer NumberPlace Customer Number
Bar Code here

OR

 Practitioners at Customer Number

→

Firm or <input checked="" type="checkbox"/> Individual Name	J. Bruce Hoofnagle				
Address	P. O. Box 370				
Address					
City	Lisbon	State	MD	Zip	21765-0370
Country	USA				
Telephone	410-442-2417	Fax	410-442-0175		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Signature of Applicant or Assignee of Record

Name JOSEPH A. SNIADACH

Signature

Date 8/28/02

NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.* Total of 1 forms are submitted.